	NAME OF ACTIVITY	DISTRICT CSIP STRATEGY(IES) #	
Activity # 7	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EVENT:		
	NAME OF ACTIVITY	DISTRICT COID STRATES VIIES 4	
Activity	NAME OF ACTIVITY	DISTRICT CSIP STRATEGY(IES) #	
#8	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EV	ENT:	
	NAME OF ACTIVITY	DISTRICT CSIP STRATEGY(IES) #	
Activity	DESCRIPTION OF ACTIVITY, EVALUATION METHOD AND TIME SPAN OF EV	/FNT·	
# 9			

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IX - G. HOMELESS CHILDREN AND YOUTH PROGRAM ACTIVITY BUDGET				
BUDGET ITEMIZATION	GRANT FUNDS REQUESTED			
6100: Salaries				
6100 Subtotal	\$			
6200: Employee Benefits (optional categories)				
FICA				
Medicare				
Retirement (Teacher or Non-Teacher)				
Health, Life, and/or Dental Insurance				
Other Benefits				
6200 Subtotal	\$			
6300: Purchased Services				
C200 O.:h4-4-1	*			
6300 Subtotal	\$			
6400: Materials/Supplies				
6400 Subtotal	\$			
6100-6400 SUBTOTAL	\$			
Indirect Cost Optional (Restricted Rate:% X Subtotal)	\$			
6500: Capital Outlay				
OFOO Oultrafel	¢			
6500 Subtotal	\$			
TOTAL - (Transfer Subtotal and Indirect Cost funding areas to SECTION II)	\$			
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